

01/08/01
jcs975 U.S. PTO

01-10-01

PTO/SB/05 (12/97)

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Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	TI-22782B
	First Named Inventor or Application Identifier	Douglas M. Smith et al.
	Title	Polyol-Based Method for Forming Thin Film Aerogels on Semiconductor Substrates
	Express Mail Label No.	EL 547741105US

APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 48] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identical of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113) [Total Sheets 9]	
4. <input type="checkbox"/> Oath or Declaration [Total Pages 1] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly Executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) <p>[Note Box 5 below]</p> <ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).	
5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))	
9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee)	<input checked="" type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
12. <input checked="" type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12)	<input type="checkbox"/> Statement filed in prior application Status still proper and desired
15. <input type="checkbox"/> Certified Copy of Priority Document(s) if foreign priority is claimed	
16. <input type="checkbox"/> Other	

*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

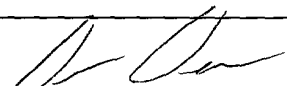
17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/115,854

Prior application information: Examiner Cameron Group / Art Unit: 1762

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
NAME	David Denker Texas Instruments Incorporated		
ADDRESS	P.O. Box 655474, MS 3999		
CITY	Dallas	STATE	Texas
COUNTRY	USA	TELEPHONE	972-917-4388
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Name (Print/Type)	David Denker	Registration No. (Attorney/Agent)	40,987
Signature		Date	8 Jan 01

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Complete If Known

Application Number	To Be Determined
Filing Date	1/08/01
First Named Inventor	Douglas M. Smith
Examiner Name	To Be Determined
Group / Art Unit	To Be Determined
Attorney Docket No.	TI-22782B

TOTAL AMOUNT OF PAYMENT (\$)**710.00****METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number **20-0668**Deposit Account Name **Texas Instruments Incorporated**

- ☒ Charge any additional fee required or credit any overpayment ☐ Charge all indicated fees and any additional fee required or credit any overpayment

2. ☐ **Payment Enclosed:**

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	\$710
106	310	206	155	Design filing fee	\$
107	480	207	240	Plant filing fee	\$
108	760	208	380	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$

SUBTOTAL (1) **(\$710)****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
13	-20**= 0	18	0
Independent Claims	2	-3**= 0	80
Multiple Dependent		270	0

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$0)****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension of time within second month	
117	890	217	445	Extension of time within third month	
118	1,390	218	695	Extension of time within fourth month	
128	1,890	228	945	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per properly (time number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Typed or Printed Name

David Denker

Signature

Date

8/5/01

Complete (if applicable)

Reg. Number

40,987

Deposit Account User ID